



# Colchester Parks & Recreation

## Scholarship Request Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip (*MUST BE COLCHESTER RESIDENT*): \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

What programs are you wishing to enroll in? (fill in chart below)

Participant Name	M/F	Birthdate	Reg. #	Program Title	Fee	Total

Total cost of the programs applying for?: \$ \_\_\_\_\_

Why are you requesting a scholarship?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Scholarship Amount \$ Granted: \_\_\_\_\_

Approved by: \_\_\_\_\_

Person contacted on (date): \_\_\_\_\_

PAG: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_